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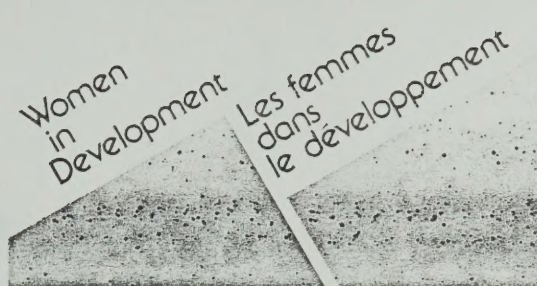
WOMEN AND HEALTH

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WOMEN AND HEALTH

The Present Situation

Health is generally determined by nutrition, environment, access to health care, attitudes and customs, education, income and lifestyle. The double role of women as bearers and caretakers of children and producers of family income exposes them to special physical and mental health hazards. The social and economic conditions of women have profound effects not only on women's own health, but also on that of their families and on subsequent generations.

It is well recognized now that women make most health care decisions at the family level and provide most of the informal health care. They look after the children, the sick and elderly, determine diet, maintain the immediate environment of the family and transmit attitudes and lifestyles. Women's traditional responsibilities have not been well recognized by the modern health system which tends to be managed by male physicians and attuned to high technology and institutional health care.

Insufficient or non-existent family planning services, social attitudes such as pressure to give birth to boys to improve the family's social status and security in old age, pose serious risks to women and adolescent girls. Death from obstetric causes are among the five leading causes for women aged 15 - 45 in developing countries (1). It has been estimated that, in the areas with the highest maternal mortality, about half a million women die every year, leaving behind one million motherless children. Appropriate care during pregnancy and childbirth is crucial to women's health, yet less than half of the births in developing countries are attended by trained personnel.

Women's special health needs have traditionally received less attention than those of men and boys, and they have often been ignored by health planners. The cost of the high rates of death and illness in children --- time to care for them, time out from economic activities, the cost of healers' services and medicines, and frequent pregnancy to offset the loss of other children --- is mostly borne by women.

Violence against women can take many forms. Wife-beating, rape and incest often are unreported because women complainants expect to receive little sympathy from the legal and medical establishments. Women with children to support who have been abandoned by their partners, and young girls who have migrated from rural areas to urban centres and who have lost the support of the traditional family and community are especially vulnerable to the exploitation and violence common in urban brothels. In some countries, girls and women suffer death and serious infections from some traditional practices, and female infanticide is still not eradicated.

Lack of adequate health care facilities affects women in isolated areas especially. They often cannot afford travel costs, or to leave their families alone. Modern health services do not always adequately meet

local health needs. In areas where health care has traditionally been a family matter they tend to be regarded with suspicion and prejudice. In some countries, for example, women will not use these modern health services, because their culture frowns on contact with male health workers (2).

Past Achievements

Women's special health needs and support for their important roles in the health care delivery system have been integrated into the development plans of many Third World countries. There is growing recognition of the primary importance of the role of the mother in the protection of family health and as the primary caregiver in times of illness. Considerable priority is given to the training of traditional birth attendants in safe delivery techniques. There is also demonstrably increased emphasis on more equitable distribution of the financial resources committed to health care within countries and on disease prevention. Maternal and child health and attendance to pregnant mothers are now major components of health care systems.

The emphasis of women's bureaus within governments and the specific inclusion of women's issues and concerns within national development and economic plans has been instrumental in providing better family health care. In addition, the UN Water Decade has greatly increased the percentage of the population with access to safe drinking water, from 34 per cent in 1975 to 49 per cent in 1982. Many of the health problems caused by drinking unsafe water have thus been eliminated, and the enormous amount of time women and children spend in the collection of water has been reduced.

Much attention has been given to the population problem and the connected health problems for women during international conferences in recent years. In August 1984, governmental and private organizations gathered in Mexico to discuss population problems. Important steps towards reaching a consensus on the need to introduce family planning measures in combination with economic development measures were made. The Conference also recognized the crucial link between fertility levels and the status of women.

The Pan American Health Organization has developed a five year regional strategy. The primary goal of this strategy is to implement plans of action drawn up by member governments to successfully integrate women into new and continuing health care and development activities. It facilitates the participation of women at all levels, not only as recipients but also as providers and promoters of health care.

Barriers to Third World Women's Good Health and Full Participation in the Health Care Delivery System

Poverty - meaning women living in hazardous and unhygienic environments, with inadequate food, unable to afford health care, and unable to get

access to information -- forms the basis for many of the serious health hazards with which women in the Third World have to live.

Poor nutritional habits pose major health threats to women. Inadequate childhood supplies of protein, calcium and vitamin D, for example, contribute to problems during pregnancy and childbirth. At least half the pregnant and two-thirds of the non-pregnant women in the Third World are estimated to be anaemic, a condition linked to iron deficiency. This is particularly serious in view of women's heavy workloads since anemia has a profound effect on physical and psychological health. It lowers resistance to disease and affects working capacity. Maternal malnutrition greatly increases the likelihood of miscarriages and affects lactation. It also reduces the birth weight of babies and makes them more susceptible to illness and death.

Family planning and counselling services are not universally available. And where these services are available, they are not always accepted. Cultural norms about the desirability of many children, fertility and virility are not easily changed. Often, women do not understand the use of contraceptives or are afraid of them.

Many women find themselves confronted with unwanted pregnancies, and may resort to abortion as a last recourse before bearing children they can not adequately care for. Abortion is legal for 70 per cent of the world's population, although the facilities are often physically and financially inaccessible. Even where abortion is illegal, it can be obtained and poses an ever-growing health risk for women. Many illegal abortions are performed by unqualified practitioners in unsanitary conditions, ending in serious infection or death.

Adolescent pregnancy is a growing health problem for young mothers and their babies. Societal inability to deal with adolescent sexuality, and refusal of parental consent for visiting health care and family planning centres compound the problem. Offspring of adolescents are more likely to be still-born, underweight and sickly. For example, in Iran, where women often marry very young, it is said that 'the first two babies are for the crows' (3).

Female genital infections are both numerous and common, contributing to chronic weakness and fatigue among women. Social attitudes that encourage victims to conceal knowledge of their conditions make it difficult to control and detect these infections.

Preferential treatment of males is common in many countries where men are expected to be the main breadwinners. Women and children are fed last, and boys receive better education and overall care than their sisters (4). Research has found that girls are often more vulnerable to diseases related to malnutrition, and boys receive better medical treatment than girls (5).

One of the most important and ignored health problems in the 1980s is chronic exhaustion, due to work overload and multiple responsibilities.

Future Action

In recent years, the development community has begun to recognize women's special health needs. Programs with health components for women include :

- * The greater integration of women in all levels of the health delivery system, including planning, management and administration, as active participants as well as recipients.
- * Health care and more emphasis on preventative health measures for women, encompassing home and community-based health care, pre-natal and post-natal care, and upgrading of traditional medical skills, such as midwifery.
- * A strong commitment to family planning, and the provision of educational support services and materials related to it.
- * Income-generating and educational programs with instruction in nutrition and hygiene. Provision of clean water, sanitation and adequate housing. Health services to all children without prejudice on grounds of sex.
- * Greater research on women's health problems, with the agenda set by women themselves.

Footnotes

1. Howell, Annette, "Women's Health : Why it is important", Women Speak, Quarterly Newsletter about Caribbean Women, no. 9, Dec./Jan. 1983, Barbados.
2. Foster, Theodora Carroll, Women, Religion, and Development in the Third World, Prager, New York 1976.
3. Foster, T. C., op. cit.
4. Development Forum, "Equalities for Women", December 1982.
5. Martin, Edwin M., "Nutrition Problems of the World", Address to John Hopkins University Centennial Symposium on Nutrition and Public Health, November 1975.



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